U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY National Flood Insurance Program

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008

Expiration Date: July 31, 2015

		TION A – PROPER	TY INFORMA	ATION	FOR INSURAN	CE COMPANY USE
A1. Building Owner's Name Mike & SI					Policy Number:	
A2. Building Street Address (including 306 South Beach Boulevard	Apt., Unit, Suite, and/or E	Bldg. No.) or P.O. Rou	ite and Box No		Company NAIC	Number:
City WAVELAND		State MS	ZIP Code 39	9576		
A3. Property Description (Lot and Bloc PARCEL #:161M-0-11-123.000	k Numbers, Tax Parcel N	lumber, Legal Descrip	tion, etc.)			
 A4. Building Use (e.g., Residential, No A5. Latitude/Longitude: Lat. 30-16-34 A6. Attach at least 2 photographs of the A7. Building Diagram Number 5 A8. For a building with a crawlspace of a) Square footage of crawlspace of b) Number of permanent flood open or enclosure(s) within 1.0 foot at c) Total net area of flood openings? A9. Building Use (e.g., Residential, No A9. Attach at least 2 photographs of the A9. For a building with a crawlspace or a) Square footage of crawlspace or enclosure(s) within 1.0 foot at c) A9. Total net area of flood openings? 	Long89-22-28 Hore building if the Certificate enclosure(s): or enclosure(s) enings in the crawlspace bove adjacent grade in A8.b	rizontal Datum: Ne is being used to obt N/A sq ft N/A sq in	AD 1927 Ain flood insura A9. For a bu a) Squ b) Num with c) Tota d) Eng	ince. illding with an attaliare footage of attaliber of permanent in 1.0 foot above all net area of flood oper	ched garage flood openings in idjacent grade openings in A9.b ings?	N CONTRACTOR OF THE PARTY OF TH
S	ECTION B - FLOOD	INSURANCE RATI	MAP (FIRM) INFORMATIO	N	
B1. NFIP Community Name & Commun WAVELAND 285262	5	B2. County Name HANCOCK			B3. State MS	
B4. Map/Panel Number 28045C 0363 B5. Suffix D	B6. FIRM Index Da 10/16/09	ate B7. FIRM Effective/Re 10/16	ised Date	B8. Flood Zone(s) VE	B9. Base Flo AO, use	od Elevation(s) (Zone base flood depth) 20
311. Indicate elevation datum used for B 312. Is the building located in a Coastal Designation Date:	Barrier Resources Syster	m (CBRS) area or Oth	erwise Protect OPA	Macons Mass	☐ Yes	⊠ No
SEC	TION C – BUILDING E	ELEVATION INFOR	RMATION (SI	JRVEY REQUIR	RED)	
 Building elevations are based on: *A new Elevation Certificate will be referenced. Elevations – Zones A1–A30, AE, AH below according to the building diaground Benchmark Utilized: GPS Observation Indicate elevation datum used for the 	, A (with BFE), VE, V1–V am specified in Item A7. In elevations in items a) th	n of the building is con /30, V (with BFE), AR, In Puerto Rico only, e Vertical Datum: N. rough h) below. □ N	AR/A, AR/AE, nter meters. AVD 1988	AR/A1–A30, AR/A		plete Items C2.a–h
Datum used for building elevations m	ust be the same as that	used for the BFE.		Charle	the measuremen	
 a) Top of bottom floor (including base) b) Top of the next higher floor c) Bottom of the lowest horizontal struct d) Attached garage (top of slab) e) Lowest elevation of machinery or expression (Describe type of equipment and lowest adjacent (finished) grade numbers g) Highest adjacent (finished) grade numbers h) Lowest adjacent grade at lowest elements 	equipment servicing the becation in Comments) ext to building (LAG) next to building (HAG)	s only) puilding	25.3 N/A. 23.2 N/A. 25.1 14.0 14.4 upport N/A.		feet	eters eters eters eters eters eters eters eters eters
SEC [*]	TION D – SURVEYOR	R ENGINEER OR	ARCHITECT	CERTIFICATIO	N	
This certification is to be signed and seal information. I certify that the information of I understand that any false statement ma Check here if comments are provide Check here if attachments. Certifier's Name JASON P. CHINICHE	ed by a land surveyor, er on this Certificate represe y be punishable by fine o d on back of form.	ngineer, or architect a ents my best efforts to or imprisonment under Were latitude and long licensed land surveyo	uthorized by la interpret the d 18 U.S. Code gitude in Sectio	w to certify elevational available. Section 1001. A provided by a No		N P. CHIMISED PROFESSOR THE
Title PROJECT MANAGER	Company Name J.	AMES J. CHINICHE,	CONTRACTOR STATE OF THE STATE O			Α'
Address 412 HWY. 90, SUITE 2	City BAY ST. LOUI	- 120		ode 39520	- 131	19730

Signature

Telephone (228) 467-6755

Date 09/20/16

LLLVATION OLIVIII IOATI	-, paye 4				
	es, copy the corresponding info			FOR	INSURANCE COMPANY USE
Building Street Address (including 306 South Beach Boulevard	g Apt., Unit, Suite, and/or Bldg. No.) or	P.O. Route and E	Box No.	Polic	y Number:
City WAVELAND		State MS Z	IP Code 39576	Com	pany NAIC Number:
SECT	TION D – SURVEYOR, ENGINEER	R, OR ARCHITE	CT CERTIFICA	ATION (CONTI	NUED)
Copy both sides of this Elevation	Certificate for (1) community official, (2	2) insurance agen	t/company, and (3) building owner	
section B4. Recommend verificati	on in A3. above is for information only ion of (BFE) by local building official. To contractor and/or Building Official as ne	he flood zone is d	etermined by gran	phic plotting only	Owner is responsible for
Signature Jam Chre	il.	Date 09	9/20/16		
SECTION E - BUILDING	ELEVATION INFORMATION (SUI	RVEY NOT RE	QUIRED) FOR 2	ZONE AO AND	ZONE A (WITHOUT BFE)
eand C. For Items E1–E4, use nation and C. For Items E1–E4, use nation and the lowest and Top of bottom floor (inclust) Top of bottom floor (inclust) Top of bottom floor (inclust) For Building Diagrams 6–9 (elevation C2.b in the diagrams Attached garage (top of slatted) Top of platform of machiners E5. Zone AO only: If no flood do	ding basement, crawlspace, or enclost ding basement, crawlspace, or enclost with permanent flood openings provide ams) of the building is	surement used. Ir opriate boxes to sure) is ure) is d in Section A Ite.	n Puerto Rico only how whether the 6	enter meters. elevation is above meters above above pages 8–9 of lubelow the HA above conce with the conce with the conce with the conce with the conce with sabove conce with the conce	e or below the highest adjacent ove or below the HAG. ove or below the LAG. onstructions), the next higher floor G. or below the HAG.
	ION F - PROPERTY OWNER (OF				ATION
The property owner or owner's aut or Zone AO must sign here. The s Property Owner's or Owner's Auth	thorized representative who completes tatements in Sections A, B, and E are orized Representative's Name	Sections A, B, ar correct to the bes	nd E for Zone A (w t of my knowledge	vithout a FEMA-i	ssued or community-issued BFE)
Address		City		State	ZIP Code
Signature		Date		Telephone	9
Comments					☐ Check here if attachments.
	SECTION G - COMMU				
of this Elevation Certificate. Complete	value or ordinance to administer the come the applicable item(s) and sign below. C was taken from other documentation	Check the measu	rement used in Ite	ms G8–G10. In F	Puerto Rico only, enter meters.
is authorized by law to cer	tify elevation information. (Indicate the	e source and date	of the elevation d	lata in the Comm	nents area below.)
	eleted Section E for a building located i (Items G4–G10) is provided for commu				ued BFE) or Zone AO.
G4. Permit Number	G5. Date Permit Issued				ce/Occupancy Issued
67. This permit has been issued fo	r: New Construction	Substantial Incom-	vomort		
	or (including basement) of the building:	Substantial Impro	vement	eters Datu	ım
69. BFE or (in Zone AO) depth of f	AND SEC. II. WIN CONTROL OF CONTROL OF AND		☐ feet ☐ me		im
310. Community's design flood elev	ation:		☐ feet ☐ m		m
Local Official's Name		Title			
Community Name		Telep	hone		
Signature		Date			
Comments					
					☐ Check here if attachments.

ELEVATION CERTIFICATE, page 3

Building Photographs

See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding information from Section A.

FOR INSURANCE COMPANY USE

Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 306 South Beach Boulevard

Policy Number:

City WAVELAND

State MS

ZIP Code 39576

Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



09/20/16 Front View



09/20/16 Rear View

U.S. DEPARTMENT OF HOMELAND SECURITY FEDERAL EMERGENCY MANAGEMENT AGENCY National Flood Insurance Program

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9

OMB No. 1660-0008

Expiration Date: July 31, 2015

		important. ix	cau the h		n pages	1-5.		
		CONTRACTOR AND ADVISOR OF THE PARTY OF THE P	TION A - P	ROPERTY INF	ORMATIC	ON		SURANCE COMPANY USE
A1. Building Owner's Name Mike & Sheila McCarthy							Policy N	umber:
A2. Building Street Address (including Apt., Unit, Suite, and/or Bldg. No.) or P.O. Route and Box No. 306 South Beach Boulevard							Compan	y NAIC Number:
City WAVELAND			Stat	e MS ZIP C	Code 39576			
A3. Property Description (I PARCEL #:161M-0-11-123		ımbers, Tax Parcel I	Number, Leg	al Description, et	tc.)			
A4. Building Use (e.g., Re. A5. Latitude/Longitude: La A6. Attach at least 2 photo A7. Building Diagram Num A8. For a building with a ca a) Square footage of b) Number of perman or enclosure(s) with c) Total net area of flo d) Engineered flood of	t. 30-16-34 Lon graphs of the burber 5 rawlspace or encorawlspace or endent flood opening in 1.0 foot above to do openings in 1.0 fo	g89-22-28 Ho ilding if the Certifica closure(s): nclosure(s) gs in the crawlspace e adjacent grade	orizontal Datu te is being us <u>N/A</u> sq e <u>N/A</u>	im: NAD 192 sed to obtain floo A9. ft	For a buildir a) Square b) Number within 1. c) Total ne	ng with an atta footage of atta of permanent 0 foot above a	ached gara flood ope adjacent g openings	age <u>N/A</u> sq ft enings in the attached garage
	SEC	TION B – FLOOD	INSURAN	CE RATE MAP	(FIRM) IN	FORMATIO	N	
B1. NFIP Community Name WAVELAND 285262	& Community N	Number	B2. County HANCOCK				B3. State)
B4. Map/Panel Number 28045C 0363	B5. Suffix D	B6. FIRM Index I 10/16/09		B7. FIRM Panel ective/Revised D 10/16/09	\$3.	B8. Flood Zone(s) VE		ase Flood Elevation(s) (Zone O, use base flood depth) 20
FIS Profile B11. Indicate elevation datu B12. Is the building located Designation Date:	in a Coastal Bar	[1] [1] [1] [1] [1] [1] [1] [1] [1] [1]	VD 1929		988 🔲 (Other/Source:		☐ Yes
	SECTIO	N C - BUILDING	ELEVATIO	N INFORMAT	ION (SUR	VEY REQUII	RED)	Section state (All the company of the Control of th
 C1. Building elevations are the second second	cate will be requi A30, AE, AH, A ouilding diagram	(with BFE), VE, V1-	on of the buil V30, V (with '. In Puerto R	BFE), AR, AR/A	, AR/AE, AR neters.			nished Construction O. Complete Items C2.a-h
Indicate elevation datun Datum used for building					1929 ⊠ NA'			ce:surement used.
a) Top of bottom floor (ii b) Top of the next highe c) Bottom of the lowest d) Attached garage (top e) Lowest elevation of m (Describe type of equ f) Lowest adjacent (finis g) Highest adjacent grad	r floor horizontal structu of slab) nachinery or equi ipment and local shed) grade next shed) grade next	ural member (V Zon- ipment servicing the tion in Comments) to building (LAG) t to building (HAG)	es only) building		N/A. N/A. 23.2* N/A. N/A. 13.8 14.5 N/A.			meters
	SECTIO	ON D - SURVEYO	R, ENGINE	ER, OR ARCI	HITECT CE	ERTIFICATION	ON	
This certification is to be signiformation. I certify that the I understand that any false ☐ Check here if commen ☐ Check here if attachmen	e information on t statement may b ts are provided o	this Certificate repre se punishable by fine	sents my be or imprison Were latitud	st efforts to interp	oret the data I.S. Code, S	available. ection 1001.	L .	SON P. CHILLIANS SENGINEER S. T.
Certifier's Name JASON P	. CHINICHE			License Nur	mber P.E.	19732		HERE 2
Title PROJECT MANAGER	·	Company Name	JAMES J. C	HINICHE, PA, IN	NC.			19732
Address 412 HWY. 90, St	JITE 11	City BAY ST. LO	UIS	State MS	ZIP Code	39520		C. C. C. C.
Signature V	ol.	Date 03/31/16		Telephone	(228) 467-6	3755		MISSIS

MPORTANT: In these spaces, o	copy the corresponding informati	on from Section A.	FO	R INSURANCE COMPANY USE
Building Street Address (including Apt 806 South Beach Boulevard	., Unit, Suite, and/or Bldg. No.) or P.O. F	Route and Box No.	Pol	icy Number:
City WAVELAND	State	MS ZIP Code 39	576 Cor	npany NAIC Number:
SECTION	I D – SURVEYOR, ENGINEER, OR	ARCHITECT CERT	IFICATION (CONT	TINUED)
copy both sides of this Elevation Certi	ificate for (1) community official, (2) insu	ance agent/company,	and (3) building owne	er.
ection B4. Recommend verification of	A3. above is for information only & not of f (BFE) by local building official. The floo actor and/or Building Official as needed.	d zone is determined b	y graphic plotting onl	y. Owner is responsible for
Signature Savichile		Date 03/31/16		
SECTION E - BUILDING ELE	VATION INFORMATION (SURVEY	NOT REQUIRED) F	OR ZONE AO AN	ID ZONE A (WITHOUT BFE)
 and C. For Items E1–E4, use natural states E1. Provide elevation information for grade (HAG) and the lowest adjustates a) Top of bottom floor (including b) Top of bottom floor (including E2. For Building Diagrams 6–9 with (elevation C2.b in the diagrams) E3. Attached garage (top of slab) is E4. Top of platform of machinery an E5. Zone AO only: If no flood depth 	basement, crawlspace, or enclosure) is basement, crawlspace, or enclosure) is permanent flood openings provided in S of the building is 🔀 fe	ent used. In Puerto Rice boxes to show whether fellows for the property of the property of the puerto. If the property of the puerto for the puerto. If the property of the puerto for the puerto. If the property of the puerto for the puerto. If the puerto for the puerto for the puerto. If the puerto for the puerto for the puerto for the puerto. If the puerto for the puerto	o only, enter meters. If the elevation is above the meters all the HAG. the HAG. the meters above the decordance with the co	ove or below the highest adjacent cove or below the HAG. cove or below the LAG. Instructions), the next higher floor AG.
	I F – PROPERTY OWNER (OR OW			^ATION
	ized representative who completes Secti	- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1	distribution and the second second	
	ments in Sections A, B, and E are correct			-issued of community issued bit E)
Property Owner's or Owner's Authoriz	ed Representative's Name			
Address	9	City	State	ZIP Code
Signature		Date	Telephone	
Comments				3
				☐ Check here if attachmen
				Check here if attachine
ne local official who is authorized by law	SECTION G – COMMUNITY v or ordinance to administer the communi			molete Sections A. B. C. (or F.) and
this Elevation Certificate. Complete the	e applicable item(s) and sign below. Chec	k the measurement use	d in Items G8–G10. I	Puerto Rico only, enter meters.
	was taken from other documentation tha elevation information. (Indicate the sou			
	ed Section E for a building located in Zor			ssued BFE) or Zone AO.
1	ms G4–G10) is provided for community t		***************************************	
34. Permit Number	G5. Date Permit Issued	G6. Date 0	Sertificate Of Complia	ance/Occupancy Issued
7. This permit has been issued for:	☐ New Construction ☐ Subs	tantial Improvement	William College Colleg	
B. Elevation of as-built lowest floor (in	ncluding basement) of the building:		☐ meters Da	atum
BFE or (in Zone AO) depth of floor	ding at the building site:		☐ meters D	atum
0. Community's design flood elevation	on:		☐ meters Da	atum
ocal Official's Name	,	Title		
ommunity Name		Telephone		
Signature		Date		

ELEVATION CERTIFICATE, page 3

Building Photographs See Instructions for Item A6.

IMPORTANT: In these spaces, copy the corresponding	FOR INSURANCE COMPANY USE		
Building Street Address (including Apt., Unit, Suite, and/or Bldg. 306 South Beach Boulevard	No.) or P.O. Route a	nd Box No.	Policy Number:
City WAVELAND	State MS	ZIP Code 39576	Company NAIC Number:

If using the Elevation Certificate to obtain NFIP flood insurance, affix at least 2 building photographs below according to the instructions for Item A6. Identify all photographs with date taken; "Front View" and "Rear View"; and, if required, "Right Side View" and "Left Side View." When applicable, photographs must show the foundation with representative examples of the flood openings or vents, as indicated in Section A8. If submitting more photographs than will fit on this page, use the Continuation Page.



03/31/16 Front View Only

Rear View

U.S. DEPARTMENT OF HOMELAND SECURITY FEDER. 44 EMERGENCY MANAGEMENT AGENCY National Flood Insurance Program

ELEVATION CERTIFICATE

Important: Read the instructions on pages 1-9.

OMB No. 1660-0008

Expiration Date: July 31, 2015

			CTION	A – PROPER	TY INFOR	MATION	FOR	INSURANCE COMPANY USE
A1. Building Owner's Name SHEILA MCCARTHY							Policy	/ Number:
A2. Building Street Addres 306 S. BEACH BLVD	s (including Apt.	, Unit, Suite, and/o	r Bldg. N	lo.) or P.O. Ro	ute and Box	No.	Comp	pany NAIC Number:
City WAVELAND				State MS	ZIP Code	39576		
A3. Property Description (I 161M-0-11-123.000	Lot and Block Nu	mbers, Tax Parcel	Numbe	r, Legal Descri	otion, etc.)			
 A4. Building Use (e.g., Research A5. Latitude/Longitude: La A6. Attach at least 2 photo A7. Building Diagram Num A8. For a building with a cr a) Square footage of the body of the control of perman or enclosure(s) with c) Total net area of flot d) Engineered flood or 	t. 30-16-34 Lorgraphs of the buber 5 awlspace or encrawlspace or encrawlspace or entitle 100 opening in 1.0 foot aboviod openings?	g. 89-22-28 Hilding if the Certifications if the Certifications if the Certifications if the Certifications if the Crawlspace adjacent grade A8.b	orizonta ate is be N/A ee N/A N/A	I Datum:	IAD 1927 ∑ ain flood ins A9. For a a) S b) N v c) T d) E	surance. a building with an attempt of a to see the s	tached g nt flood o adjacen d openin enings?	arage <u>N/A</u> sq ft penings in the attached garage t grade <u>N/A</u>
	SECT	ION B – FLOOD	INSU	RANCE RAT	E MAP (FII	RM) INFORMATION	NC	
B1. NFIP Community Name WAVELAND 285262	& Community N	lumber	B2. C HANC	ounty Name COCK			B3. St MS	ate
B4. Map/Panel Number 28045C-0363	B5. Suffix D	B6. FIRM Index 10/16/09	Date	B7. FIRM Effective/Re	vised Date	B8. Flood Zone(s) VE	В9	Base Flood Elevation(s) (Zone AO, use base flood depth)
B11. Indicate elevation datum B12. Is the building located in Designation Date:	a Coastal Barrie	r Resources Syste	m (CBR	S) area or Othe BRS	OPA	Other/Source: octed Area (OPA)?	IBED\	☐ Yes
C1. Building elevations are ba *A new Elevation Certifica C2. Elevations – Zones A1–A3 below according to the bui Benchmark Utilized: LOCA Indicate elevation datum u	sed on: Ete will be require 30, AE, AH, A (will be diagram space)	Construction Drad when constructio (th BFE), VE, V1–Vecified in Item A7.	awings* n of the /30, V (w In Puert Vertic	□ Bu building is com vith BFE), AR, a to Rico only, er al Datum: NA	ilding Under plete. AR/A, AR/Al ter meters. VD 1988	r Construction* E, AR/A1–A30, AR/	Fi □ Fi AH, AR/A	
Datum used for building el	evations must be	e the same as that	used for	the BFE.	3VD 1929 L			
a) Top of bottom floor (inclb) Top of the next higher flc) Bottom of the lowest hod) Attached garage (top of	oor rizontal structura			floor)	25.0 00.0 23.	<u>0</u>	⊠ feet ⊠ feet ⊠ feet	surement used. meters meters meters meters
e) Lowest elevation of mac (Describe type of equipr f) Lowest adjacent (finisher)	chinery or equipment and location delignment and location delignment to	n in Comments) building (LAG)	ouilding		<u>N/A</u> 00.0 13.8		⊠ feet ⊠ feet ⊠ feet	☐ meters ☐ meters ☐ meters
g) Highest adjacent (finishe h) Lowest adjacent grade a			includir	ng structural su	14. <u>5</u>		⊠ feet ⊠ feet	☐ meters ☐ meters
						CT CERTIFICATI		
This certification is to be sign information. I certify that the I understand that any false s Check here if comments Check here if attachments	ned and sealed be information on the tatement may be are provided or	y a land surveyor, nis Certificate repre punishable by fine	enginee esents m e or impr Were I	r, or architect a y best efforts to isonment unde	uthorized by interpret the r 18 U.S. Co gitude in Se	y law to certify eleva ne data available. ode, Section 1001. ction A provided by	tion	CON P. CHILLO
Certifier's Name JASON P.	CHINICHE					P.E. 19732		3 HEREM
Title PROJECT MANAGER	TE 44			J. CHINICHE,	The state of the s			9
Address 412 HWY. 90, SU Signature	_	City BAY ST. LO		State		Code 39520	[19732
Signature Jaurn C	histy	Date REV 3.2.16		l elep	hone (228)) 467-6755		OF MISSISS!

IMPORTANT: In these spaces,	copy the corresponding information fro	om Section A.		FOR INSURANCE COMPANY USE
Building Street Address (including Ap 306 S. BEACH BLVD	t., Unit, Suite, and/or Bldg. No.) or P.O. Route a	and Box No.		Policy Number:
City WAVELAND	State MS	ZIP Code 39	9576	Company NAIC Number:
SECTION	D – SURVEYOR, ENGINEER, OR ARC	HITECT CERT	TIFICATION (C	ONTINUED)
Copy both sides of this Elevation Cert	rificate for (1) community official, (2) insurance	agent/company,	and (3) building	owner.
Comments TBM - MAG NAIL SET IN	N THE CENTERLINE OF S. BEACH BLVD AT	CONCRETE DF	RIVE AT EL = 5.3	9'
Signature Jam Chilo	Da	te REV 3.2.16		
SECTION E – BUILDING ELE	EVATION INFORMATION (SURVEY NOT	REQUIRED)	FOR ZONE AC	O AND ZONE A (WITHOUT BFE)
 and C. For Items E1–E4, use natural E1. Provide elevation information fo grade (HAG) and the lowest adjance and an Top of bottom floor (including b) Top of bottom floor (including E2. For Building Diagrams 6–9 with (elevation C2.b in the diagrams Attached garage (top of slab) is E4. Top of platform of machinery an E5. Zone AO only: If no flood depth 	basement, crawlspace, or enclosure) is	ed. In Puerto Ri to show wheth A Items 8 and/o meters abo ove or belov feet oor elevated in a	co only, enter me er the elevation is feet	eters. s above or below the highest adjacent above or below the HAG. above or below the LAG. 9 of Instructions), the next higher floothe HAG. below the HAG.
	I F – PROPERTY OWNER (OR OWNER'			TIFICATION
	zed representative who completes Sections A,			
	ments in Sections A, B, and E are correct to the			LIMA-133ded of community-133ded bi
Property Owner's or Owner's Authoriz	ed Representative's Name			
Address	City	***************************************	State	ZIP Code
Signature	Date		Telep	hone
Comments	and the second s		a	
				☐ Check here if attachme
	SECTION C. COMMUNITY INTO	DMATION (O	DTIONAL	
local official who is authorized by law	SECTION G – COMMUNITY INFO or ordinance to administer the community's flood			complete Sections A. B. C (or E), and
is Elevation Certificate. Complete the	applicable item(s) and sign below. Check the me	asurement used	I in Items G8–G10	D. In Puerto Rico only, enter meters.
	as taken from other documentation that has be- levation information. (Indicate the source and o			
☐ A community official completed	Section E for a building located in Zone A (with	nout a FEMA-iss	sued or communi	ty-issued BFE) or Zone AO.
☐ The following information (Items	s G4–G10) is provided for community floodplain	n management p	ourposes.	
64. Permit Number	G5. Date Permit Issued	G6. Date	Certificate Of Co	mpliance/Occupancy Issued
This permit has been issued for:	☐ New Construction ☐ Substantial Im	provement		
Elevation of as-built lowest floor (inc	luding basement) of the building:	_ lfeet	☐ meters	Datum
Elevation of de bank levidet meet (me	ng at the building site:	feet	meters	Datum
	ig at the ballang ofte.			0.005* 25
BFE or (in Zone AO) depth of flooding		_ ☐ feet	meters	Datum
BFE or (in Zone AO) depth of floodir . Community's design flood elevation:		_	☐ meters	Datum
			☐ meters	Datum
BFE or (in Zone AO) depth of flooding. Community's design flood elevation:		Γitle	meters	Datum



2016 11509 Recorded in the Above Deed Book & Page 09-22-2016 03:05:53 PM Timothy A Kellar

NONCONVERSION AGREEMENT County with

CITY OF WAVELAND, MISSISSIPPI

	Thi	s DE	CLARATION made this and day of Dest , 20/le, by Sherla Mc Carthy
	10/15	TNIC	(OWNER) having an address at 306 SOUTH BEACH BLVD., WAVELAND, MS 39576
			SSETH: EAS, the Owner is the record owner of all that real property located at 306 South Beach Blvd.
	In t	he C	ity of Waveland, MS, in the County of Hancock, designated in the Tax Records as 161M-0-11-123.000.
			EAS, the Owner has applied for a permit to place a structure on that property that has an enclosed area below the base
			evation constructed in accordance with the requirements of Article No. 5, Section "B" paragraph 5 of Waveland ain Management Ordinance of Number 342 and under Permit Number 18149.
	con obli	ditio gatio	AS, the Owner agrees to record this DECLARATION and certifies and declares that the following covenants, and restrictions are placed on the affected property as a condition of granting the Remit and affects rights and ons of the Owner and shall be binding on the Owner, his heirs, personal representatives the certification of the Owner and shall be binding on the Owner, his heirs, personal representatives the certification of the Owner and shall be binding on the Owner, his heirs, personal representatives the certification of the Owner and shall be binding on the Owner, his heirs, personal representatives the certification of the Owner and shall be binding on the Owner, his heirs, personal representatives the certification of the Owner and shall be binding on the Owner, his heirs, personal representatives the certification of the Owner and shall be binding on the Owner, his heirs, personal representatives the certification of the Owner and shall be binding on the Owner, his heirs, personal representatives the certification of the Owner and shall be binding on the Owner, his heirs, personal representatives the certification of the Owner and the owner and the certification of the Owner and the owner and the certification of the Owner and the owner and the certification of the Owner and
			and recorded in Deed Book THE TERMS AND SUBJECT TO THE CONDITIONS, as follows: 2016 at pages 11509 - 11509
			The structure or part thereof to which these conditions apply is:
			Calle 19 C
		2.	At this site, the Base Flood Elevation is feet above mean sea level, National Geodetic Vertical Datum.
		3.	Enclosed areas below the Base Flood Elevation shall be used solely for parking of vehicles, limited storage, or access to the building. All interior walls, ceilings and floors below the Base Flood Elevation shall be unfinished or constructed of flood resistant materials. Mechanical, electrical or plumbing devices shall not be installed below the Base Flood Elevation.
		4.	The walls of the enclosed areas below the Base Flood Elevation shall be equipped and remain equipped with
			openings as shown on the Permit.
		5.	The jurisdiction issuing the Permit and enforcing the Ordinance may take any appropriate legal action to correct any violation. Any alterations or changes from these conditions also may render the structure uninsurable or increase the cost for flood insurance.
		6.	A duly appointed representative of the City is authorized to enter the property for the purpose of inspecting the exterior and interior of the enclosed area to verify compliance with this Declaration. Such inspections will be conducted upon due notice to the Owner and no more frequently than once each year. More frequent inspections may be conducted if an annual inspection discovers a violation of the Permit.
		7.	Other conditions:
		<	In witness whereof the undersigned set their hands and seals this day of, 20 \(\begin{align*} \ldots \\ \ldots \\ \end{align*} \), 20 \(\begin{align*} \ldots \\ \end{align*} \).
Personally authority in on this	appo and d tion, wled	for to ay of the world good to a second to	vithin named the la McCathy hatexecuted the limothy A Kellar
			My Commission Express

V-ZONE CERTIFICATE

Name: Sheila and Mike McCarthy

Building Address or

Other Description: 306 S. Beach Blvd

City: Waveland

Policy Number (Insurance Co. Use):

State: Mississippi

Zip Code: 39576

SECTION I: Flood Insurance Rate Map (FIRM) Information

Community Number:285262 Panel Number:28045C-0344 Suffix:D Date of FIRM Index: 10/16/09 FIRM Zone: VE 20

SECTION II: Elevation Information

Note: This Certificate does not substitute for an Elevation Certificate

1.	Elevation of the Bottom of Lowest Horizontal Structural Member	23.0 feet (NAVD)
2.	Base Flood Elevation (BFE)	20.0 feet (NAVD)
3.	Elevation of Lowest Adjacent Grade	13.8 feet (NAVD)
4.	Approximate Depth of Anticipated Scour/Erosion used for Foundation Design	1.0 feet
5.	Embedment Depth of Pilings or Foundation Below Lowest Adjacent Grade	3.0 feet
	SECTION III. V Zana Cortification Statement	

SECTION III: V-Zone Certification Statement Note: This section must be certified by a registered engineer or architect

I certify that I have developed or reviewed the structural design, plans, and specifications for construction and that the design and methods of construction to be used are in accordance with accepted standard of practice for meeting the following provisions:

- The bottom of the lowest horizontal structural member of the lowest floor (excluding piles and columns) is elevated to or above the BFE; and
- The pile and column foundation and structure attached thereto is anchored to resist flotation, collapse, and lateral movement due to the effects of the wind and water loads acting simultaneously on all building components. Water loading values used are those associated with the base flood. Wind loading values used are those required by the applicable State or local building code. The potential for scour and erosion at the foundation has been anticipated for conditions associated with the base flood, including wave action.

SECTION IV: Breakaway Wall Certification Statement

Note: This section must be certified by a registered engineer or architect When breakaway walls exceed a design safe loading resistance of 20 pounds per square foot

I certify that I have developed or reviewed the structural design, plans, and specifications for construction and that the design and methods of construction to be used for the breakaway walls are in accordance with accepted standards of practice for meeting the following provisions:

- Breakaway wall collapse shall result from a water load less than that which would occur during the base flood; and
- The elevated portion of the building and supporting foundation system shall not be subject to collapse, displacement. or other structural damage due to the effects of wind and water loads acting simultaneously on all building components (wind and water loading values to be used are defined in Section III).

SECTION V: Certification

Signature below certifies: X Section III; Section IV Company Name:

Certifiers Name: Stuart Williamson, P.E., C.F.M.

Title: Civil Engineer Address: P.O. Box 3145 City: Bay St Louis

State: Mississippi

License Number: 13199

Date: 01/27/16

Telephone Number:

Home Builders Guide to Coastal Construction

Signature: